Year	Amount allocated/released (Rs. in lakhs)
2000-01	236.11
2001-02	434.97
2002-03	238.01

(b) No diversion of funds under the programme has come to our notice from the audit of the programme conducted so far or otherwise.

(c) The States are required to periodically report the expenditures they have incurred under the various components of the RCH Programme. Furthermore, the State is also required to get its accounts audited and the financial status certified every year, a copy of which is furnished to Government of India. These are the main steps to prevent any diversion or misuse of the Programme funds.

Entitlement to opt for CGHS dispensaries for pensioners

3154. SHRI YADLAPATI VENKAT RAO : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether pensioners are entitled to opt for CGHS dispensaries of their own choice;

(b) if so, whether dispensary incharge has been authorised to impose conditions that doctors would not visit residences of pensioners even in emergency;

(c) if so, the reasons therefor; and

(d) if not, how such undertaking was insisted in Sunder Vihar dispensary No. 82 in Delhi during the year 2002-03?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA) : (a) CGHS pensioner card holders have an option to get their CGHS card registered with any one CGHS dispensary in any concerned CGHS covered city irrespective of whether their place of residence falls within the area covered by that CGHS dispensary or not. However, if the residence of the pensioner falls outside the covered area of the dispensary, then the CGHS facilities provided to the pensioner would be subject to the following conditions :-

(i) They will neither be entitled to any domiciliary visits by the CGHS doctor nor would be entitled for any travel expenses for availing facilities from the dispensary.

(ii) They will not be eligible to be attached with any VIP CGHS dispensary such as North Avenue and South Avenue CGHS dispensaries in Delhi and other heavily loaded CGHS dispensaries.

(b) to (d) No, Sir. Domiciliary visits are normally performed during emergency, for which the CGHS doctors visit the beneficiaries including CGHS pensioner beneficiaries at their residences provided their residence falls within the covered area of the particular CGHS dispensary. In view of the aforesaid facts insistence on an undertaking does not arise.

Importance of Ayurvedic medicines

3155. SHRI R. KAMARAJ : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the growing importance of Ayurvedic medicines in the country which are used to cure all the diseases;

(b) if so, the measures taken by Government to preserve and protect the traditional herbal plants which are used to prepare Ayurvedic medicines;

(c) whether Government propose to financially assist all the State Governments to preserve and protect Ayurvedic herbal plants;

(d) if so, the details therof; and

(e) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA) : (a) Government are aware that Ayurvedic medicines are becoming popular.

(b) to (d) Government have been taken steps to encourage conservation and cultivation of plants species through various schemes such as *in-situ/ex-situ* conservation, Biosphere Reserves, establishment of Gene Banks and Developing Agrotechniques. A Medicinal Plants Board has also been set up to coordinate with Ministries/Departments/Organizations/State/UT Governments for development of medicinal plants in general including their cultivation and conservation. The Board has also sanctioned 324 projects in different parts of the country during the last 2 financial years for such purposes.

(e) Does not arise.